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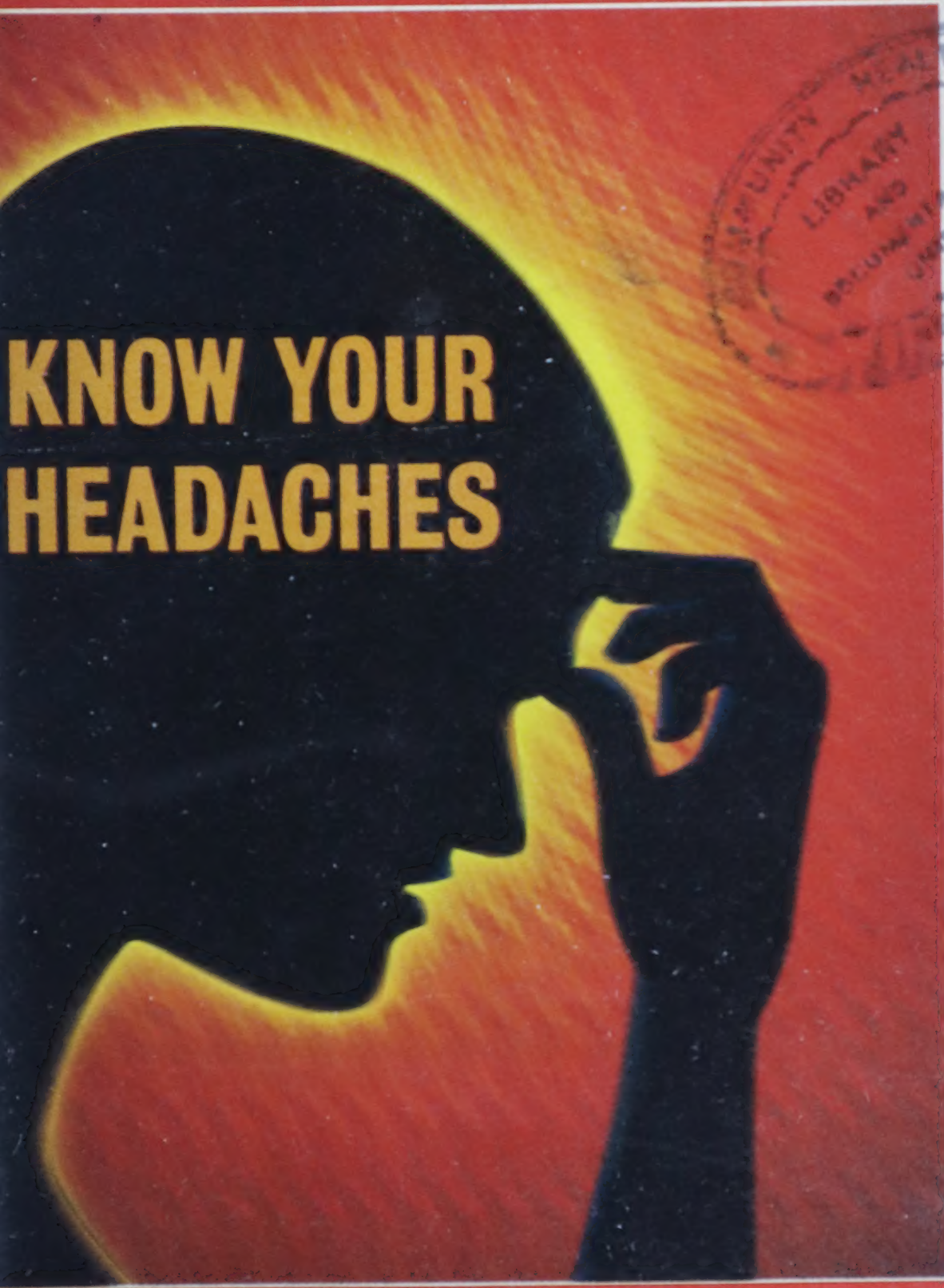

KNOW YOUR HEADACHES

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INSIDE

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Introduction

Headache is an almost universal human exper
ence. Most headaches are mild and transie
and are either ignored or treated by the patie
with over-the-counter medications. Headaches can al
be severe and disabling, however, and generate 3 to 5 p
cent of patients.

There are two main types of headache: primary ar
secondary.

Primary headaches include tension-type, migrain
and cluster headaches and are not caused by other unde
lying medical conditions. More than 90 per cent of hea
aches are primary.

Secondary headaches result from other medical co
ditions, such as infection or increased pressure in t
skull due to a tumour. These account for fewer than
per cent of all headaches.

In this booklet, we basically deal with primary hea
aches.

All information contained in this booklet is for info
mational purposes only. It is in no way intended to
used as a replacement for professional medical trea
ment.

Migraine

While there are many different kinds of headaches—129 have been classified—tension-type and migraine headaches are most common, affecting upwards of 75 per cent of all headache sufferers. Of these migraine is rarer but more talked about. As many as 6 per cent of all men and up to 18 per cent of all women (about 12 per cent of the population as a whole) experience a migraine headache at some time. Roughly three out of four migraine sufferers are female. Among the most distinguishing features is the potential disability accompanying the headache pain of a migraine.

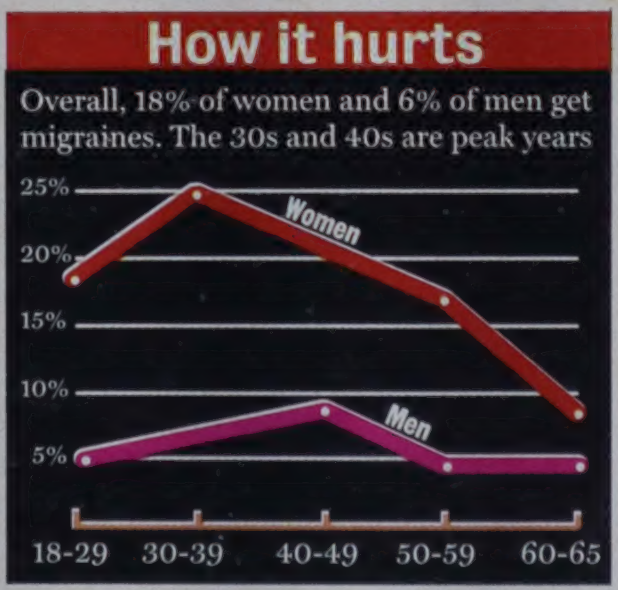
A migraine is not just a headache. Although severe head pain usually accompanies migraine, and is generally an unpleasant symptom, there must be other specific symptoms present in order to classify the occurrence as a migraine.

You must have at least two of the following symptoms:

Pain that is more severe on one side of your head. Throbbing or pounding pain. Pain that disrupts normal activity. Pain aggravated by activity.

And at least one of these symptoms:

You feel sick to your stomach, or feel like vomiting. You are unusually bothered by light



or sound.

It is this specific combination of at least two symp toms from the first list and at least one from the secon that defines migraine. You could, of course, have more even all of the symptoms. However, if fewer, or differen symptoms are consistently present, you may not hav migraine. That's why it is so important for you to see you doctor if you have severe head pain.

What causes migraine pain?

Migraine is believed to be a hereditary condition. About 70 per cent of sufferers have other family members with the condition. Migraine is also more prevalent among women than among men. Approximately 75 per cent of sufferers are female.

One theory is that certain events or substances (trigger can set off an imbalance of naturally occurring chemica in the brain, causing the blood vessels of the head t expand.The area around these blood vessels becom inflamed and irritates nerve endings. This dilation an irritation may account for the throbbing pain you exper ence in your temple or behind your eye.

Because the symptom complex is so severe, migrain often causes people to lose time from work or with fami and friends, or cut back on regular daily activities an business and social events.

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Although migraine can occur at any age, it oft begins in adolescence. During advancing years, migrai generally occurs with diminishing frequency. The dur tion of migraine attacks varies. Some last several hou others last up to 3 days. Some people have several attac a week, while others experience it far less frequently. T average is one to three attacks per month.

Treatment plans may vary, depending on the fr quency of the attacks, their causes, and whether t benefits of certain treatments outweigh the risks. Tre ment plans may include lifestyle changes and medi tions, as well as non-drug therapy.

Headache triggers

What 'causes' headaches, especially migraines? This is not exactly known. What is certain, however, is that certain factors trigger headaches. Let us see what they are.

Food and food additives

Research has determined that certain foods and food additives are capable of "triggering" a migraine headache. Here is a partial list of the diet culprits that, by themselves or with other triggers, can be a cause of your migraine as well as possible alternatives that may help you.

Dairy products

Foods to avoid or limit

- milk
- buttermilk
- cream
- cheddar
- processed cheeses
- aged cheeses
- fats
- lard

Alternatives

- low-fat or skim milk
- soft cheeses
- butter/margarine
- vegetable oils

Beverages

Foods to avoid or limit	Alternatives
◆ cola	■ non-cola soft drinks
◆ coffee	■ No more than 1 cup
◆ tea	■ No more than 2 cups
◆ chocolate drinks or cocoa	■ non-chocolate drinks
◆ alcoholic beverages, red wine in particular	■ vodka, fruit juices, decaffeinated drinks

Meats

Foods to avoid or limit	Alternatives
◆ ham	■ fresh and non-processed meats
◆ bacon	■ eggs when limited to no more than three per week
◆ chicken livers	■ fresh or frozen fish, canned tuna or salmon.
◆ aged, cured, canned, or marinated meats, salami	
◆ processed meats	
◆ salted, smoked, and dried fish	
◆ pickled herring	

Vegetables

Foods to avoid or limit	Alternatives
◆ certain beans and lentils,	■ string beans
◆ most peas	■ onion when used only for flavorin
◆ olives, and pickles	■ asparagus, beets, carrots,
	■ spinach, tomatoes, squash, corn broccoli, lettuce,
	■ potatoes

Soups

Foods to avoid or limit	Alternatives
◆ canned soups or soup cubes with monosodium glutamate (MSG), the popular Chinese food additive	■ soups without MSG or yeast

Grains, breads, cereals

Foods to avoid or limit

- yeast breads—most white breads
- doughnuts
- crackers with cheese and pastries containing chocolate or nuts

Alternatives

- whole wheat, rye,
- most cereals
- rice

Fruits

Foods to avoid or limit

- citrus fruits
- bananas
- figs
- raisins
- plums
- papaya
- pineapple

Alternatives

- apples, cherries, grapes, apricots, peaches, pears
- Limit citrus fruits and bananas to 1/2 to 1 serving per day

Desserts or snack foods

Foods to avoid or limit

- chocolate
- ice cream
- cookies and cakes made with yeast
- potato chip products
- nuts/seeds
- puddings

Alternatives

- fruits as above
- sherbets, ices
- cakes/cookies made without yeast

Additives

Foods to avoid or limit

- MSG
- seasonings and spices
- artificial sweeteners

Alternatives

- wine vinegar
- limited use of soy sauce
- small amounts of salad dressing

Needless to say, you should consult with your doctor before making a change in your diet.

Other common triggers

Light

Strong, glaring light, whether artificial or natural, may provoke migraine. Light sources can include sunlight (including reflections off water, snow, or sand), glaring artificial light, and flickering light from a TV.

Odours

Both pleasant (perfume, flowers) and unpleasant (paint thinners, gasoline) smells can trigger migraine. Usually, though, it's the intensity of the smell, rather than the odour itself, that triggers the migraine.

Diet

Any changes in eating patterns—such as missing meals dieting, changes in diet—can lead to a migraine. Therefore, migraine sufferers are advised not to change their eating patterns or their diet without first consulting their doctor. Some migraine sufferers find that maintaining a regular eating schedule helps.

Sounds

Loud noises—whether sudden (a firecracker) or prolonged (a baby crying) can trigger migraines.

Motion

For some people, motion sickness means nausea. However, for migraine patients, motion can set off an attack. Talk to your doctor about possible treatments for motion sickness.

Caffeine, nicotine and secondhand smoke

Large amounts of caffeine may be a migraine trigger for some patients. Moderate amounts of caffeine, particularly when combined with medications, may help with migraine pain relief. Irritants found in smoke of any kind can, alone or in combination with other triggers, also cause migraine.

Changes in sleeping habits

Too much or too little sleep may result in migraines in some individuals. Establish a regimen of going to bed around the same time every night, and try to avoid naps or oversleeping, if these are your triggers.

Stress

Stress is considered a key migraine trigger. Many patients are able to connect an attack to a specific stressful event. Often, the attack occurs soon after a stressful situation—many migraine attacks occur on holidays and weekends.

Medications

Medications for non-migraine conditions and over-the-counter (OTC) pain relievers and analgesics, like aspirin, can trigger or worsen migraines. Some medications also contain caffeine, another trigger for some people. Before changing medications or self-medicating with either prescription or OTCs, consult your doctor.

Hormonal fluctuations

Migraine is more common among women, often beginning with the onset of puberty and menstruation, and may stop at menopause. The frequency of women's migraines is said to be related to hormonal fluctuation, particularly with regard to estrogen. In many women, headaches begin just prior to, or during, their monthly menstrual period or during treatment with artificial hormones such as birth control pills or estrogen replacement

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therapy. Talk to your doctor about the possible effect of hormones on your migraines. Be sure to consult your doctor before changing medications.

Physical activity

Like many other factors that trigger migraines, exercise is a paradox; it helps some, but not others. Some experts theorise that it is not only the exercise that triggers the migraine, but also the conditions under which exercise is performed—altitude, a person's carbohydrate level, and atmospheric activity—that may affect susceptible people. While sufferers have no control over most of these factors, identifying them as triggers can help make it possible to exercise without setting off an attack. You should consult your doctor if you want to begin or alter an exercise regimen.

High humidity, atmospheric pressure changes, rapid temperature fluctuations, and exposure to extreme heat or cold are responsible for migraine attacks in some individuals.

Weather changes

High humidity, atmospheric pressure changes, rapid temperature fluctuations, and exposure to extreme heat or cold are responsible for migraine attacks in some individuals. Depending on conditions faced, stay warm or cool, drink water to avoid dehydration, put on layers of clothing, keep head and extremities covered, and stay indoors when outdoor temperatures are extreme.

Only about 15 per cent of migraine sufferers experience aura, visual, auditory, or other sensory or physical occurrences that indicate the onset of a migraine. These signals occur shortly before the migraine pain starts. Signals that occur hours or even days before are called prodromes. Although these symptoms may occur during a migraine, they may be symptomatic of underlying neurologic disease. Therefore, if you have these symptoms, you should talk to your doctor.

Some types of aura

Visual disturbances:
Characteristic of visual auras are flashing lights, zigzag lines, and blurred or lost vision.

Numbness:
Often a benign occurrence in conjunction with a migraine attack, numbness is a loss of sensation in one or more body parts.

Hallucinations:
Imaginary perceptions not precipitated by external stimulus. Hallucinations are most commonly of a visual or auditory nature. Impending migraines can also trigger fantasies.

Loss of speech:
Though unusual, temporary loss of speech may occur during migraine.

Some types of prodromes

Excessive yawning:
Individuals who are overtired from long hours at work, overexertion, lack of sleep, or boredom with repetitive tasks often experience continuous yawning. This symptom usually disappears after adequate sleep. If you experience excessive yawning, even after adequate sleep, you should talk to your doctor.

Fatigue:
This condition can be brought on by a number of aggressive actions including vigorous exercise, exertion to the point of exhaustion, lengthy hours of work for days or weeks, lack of sleep, diminished blood flow to the brain and other parts of the body, and prolonged exposure to severe weather conditions. Regardless of the cause, fatigue can trigger a migraine in some sufferers. In any case,

Only about 15 per cent of migraine sufferers experience aura, visual, auditory, or other sensory or physical occurrences that indicate the onset of a migraine. These signals occur shortly before the migraine pain starts.

reducing exercises, changing work and sleep habits, and consulting your doctor about diet changes or vitamin supplements may resolve this problem. Talk to your doctor before changing exercise programmes.

Mood changes:
Rapid mood changes can be a signal for the onset of a migraine. It may be useful to sufferers to write down the types, time, and frequency of these occurrences and discuss them with a doctor.

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Food craving:
This condition is familiar to some women who have been pregnant. It is also an experience of dieters, those who are suddenly unable to dine during their accustomed eating times, and those who are suffering withdrawal from nicotine, alcohol, drugs, or certain medications. Compulsive eaters also suffer from food-craving syndrome. However, in certain cases, incidents of food craving have been associated with the warning sign of a migraine.

Light/sound/touch/odour sensitivity:
Hypersensitivity to light, sound, touch, or odour may precede a migraine attack in some patients.

Tension-type headaches

As many as 90 per cent of adults have tension-type headache. Tension-type headaches are typically a steady ache rather than a throbbing one and affect both sides of the head. These headaches may be chronic, occurring frequently or even every day. Some people get tension-type (and migraine) headaches in response to stressful events or a hectic day. However, psychological factors have been overemphasized as causes of headaches.

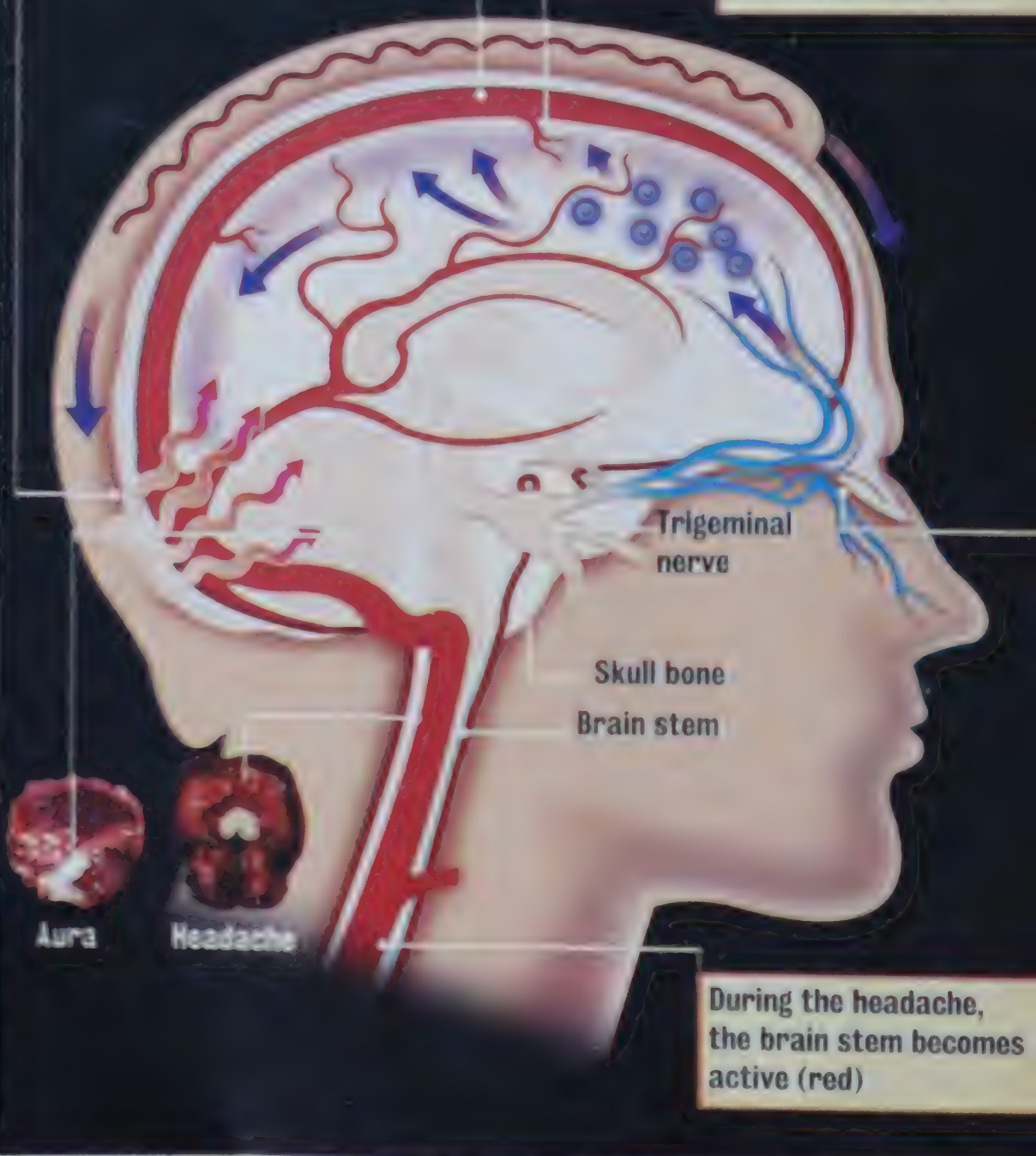
Tension-type headache is a nonspecific headache, which is not vascular or migrainous, and is not related to organic disease. It is caused by tightening of the muscles in the back of the neck and scalp.

There are two general classifications of tension-type headache. The first, episodic tension-type headache is usually triggered by some kind of environmental or internal stress. This in turn stimulates a spontaneous, overexcitable state and lasts for the period of time in which the individual is stressed. It may disappear with the use of over-the-counter analgesics, withdrawal from the source of stress and a relatively brief period of relaxation.

The second, chronic tension-type headache is the daily, or continuous headache which may have some variability in the intensity of the pain during a 24-hour cycle. It is always present. There may be some soreness, constricting band sensation, weight or pressure-like sensations, and often a sensation of a tight skull cap. Many of these patients complain of early or frequent awakening, a sign of underlying depression.

How head

15 per cent of migraine sufferers experience an aura, because a wave of activity across the cortex causes hallucinations



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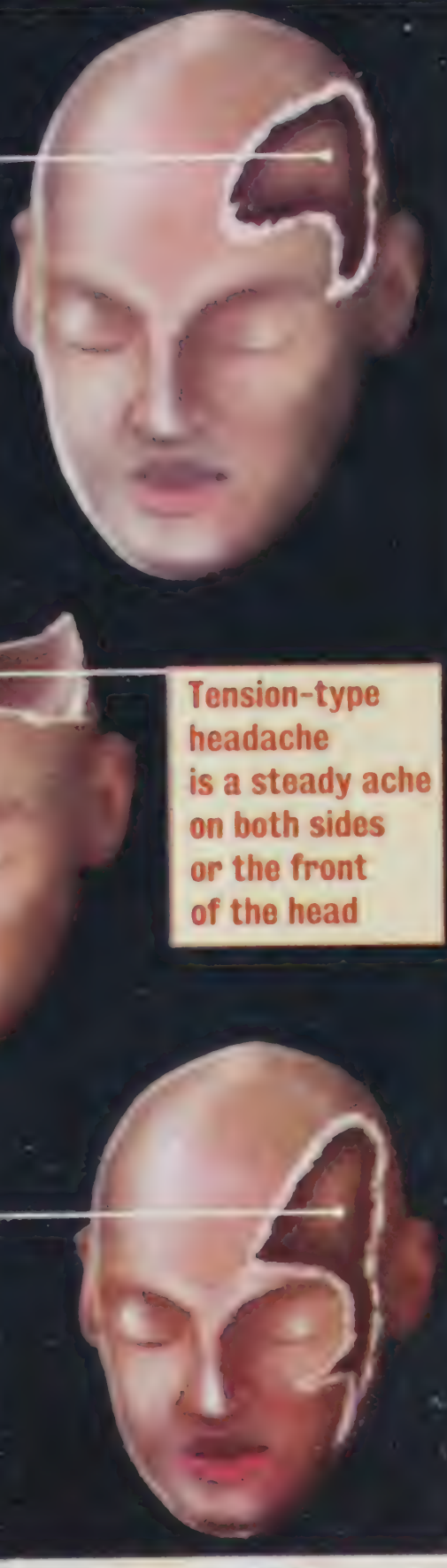

Migraine is felt on one side of the head with pain behind or around one eye which can last for days

Pain begins when a signal from the brain—possibly the brain stem—turns on a branch of the trigeminal nerve leading to the face and forehead

Tension-type headache is a steady ache on both sides or the front of the head

Cluster headaches pulse around the eye, temple and cheek. They may occur daily for weeks and then disappear for months

For tension headaches not occurring on a daily basis, the over-the-counter drugs of choice are: aspirin, acetaminophen, ibuprofen, and naproxen sodium. Combination products with caffeine can enhance the action of the analgesics.

The primary drug of choice for chronic tension-type headaches is amitriptyline or some of the other tricyclic antidepressants. The antidepressant drugs have analgesic actions over and above their antidepressant effects. Although a patient may not be depressed, these drugs may be beneficial. Selecting an antidepressant is based on the presence of a sleep disturbance. Other classes of antidepressants may be effective, but have not been as thoroughly studied as the tricyclic compounds.

The use of propranolol is sometimes helpful as a singular drug, particularly when there is a mild chronic anxiety state.

For the patient with chronic tension-type headaches, habituating analgesics must be strictly avoided.

Other type of headaches

Vascular headaches

The term vascular headache refers to a group of headache conditions in which blood vessel dilation or swelling is the major component in the production of pain. The blood vessels in the tissue surrounding the head swell and become distended, thus causing the pain.

Vascular headaches are usually throbbing in character, and physical exertion increases the pain. Included under the classification of vascular headaches are migraine headaches, cluster headaches, and toxic headaches. All involve dilation, or a swelling of the blood vessels.

Cluster headaches

Cluster headaches are relatively rare, affecting about 1 per cent of the population. Most cluster headache sufferers are male—about 85 per cent.

Cluster headaches come in groups or clusters lasting weeks or month. The pain is extremely severe but the attack is brief, lasting no more than a hour or two. The pain centers around one eye, and this eye may be inflamed and watery. There may also be nasal congestion on the affected side of the face.

These "alarm clock" headaches may strike in the middle of the night, and often occur at about the same time each day during the course of a cluster.

The term "cluster headache" refers to the characteristic grouping of attacks. The headaches occur in groups or clusters, and the cause is unknown. Cluster is one of the

least common types of headache. It is vascular in nature and is caused by swelling of the blood vessels of the head. Although rare, it is possible for someone with cluster headache to also suffer from migraine headache.

The pain of cluster headache is generally very intense and severe and is often described as having a burning or piercing quality. It may be throbbing or constant. The scalp may be tender, and the arteries often can be felt increasing their pulsation. The pain is so intense that most sufferers cannot sit still and will often pace during an acute attack. Cluster headaches generally reach their full force within five or 10 minutes after onset. The attacks are usually very similar, varying only slightly from one attack to another.

The cluster headache often occurs in the spring or autumn. Due to their seasonal nature, cluster headaches are often mistakenly associated with allergies or business stress. The seasonal relationship is, however, individual for each sufferer. In about 20 per cent of cluster sufferers, the attacks may be chronic.

Although the pain of a cluster headache starts suddenly, a minimal type of warning of the oncoming headache may occur, including a feeling of discomfort or a mild one-sided burning sensation. The pain is of short duration, generally 30 to 45 minutes. It may, however, last anywhere from a few minutes to several hours. The headache will disappear only to recur later that day. Most sufferers get one to four headaches per day during a cluster period. Cluster headaches often awaken the sufferer in the early morning or during the night.

The headache periods can last weeks or months and then disappear completely for months or years. The cluster headache sufferer has considerable amounts of pain-free intervals between series. The cluster headache often occurs in the spring or autumn. Due to their seasonal nature, cluster headaches are often mistakenly associated with allergies or business stress. The seasonal relationship is, however, individual for each sufferer. In about 20 per cent of cluster sufferers, the attacks may be chronic. They are present throughout the year and do not occur in groups, thus making the control of these headaches more difficult.

The pain of cluster headache is almost always one-

sided, and during a series, the pain remains on the same side. When a new series starts, it can occur on the opposite side. The pain is localised behind the eye or in the eye region. It may radiate to the forehead, temple, nose, cheek, or upper gum on the affected side. The affected eye may become swollen or droop. The pupil of the eye may contract, and the nostril on the affected side of the head is often congested. There may be nasal discharge and tearing of the eye during an attack, both on the same side as the pain. Excessive sweating may also occur, and the face may become flushed on the affected side. Cluster headaches are not associated with the gastrointestinal disturbances or sensitivity to light that are found in other vascular headaches, such as migraine.

During a series, minimal amounts of alcohol can precipitate attacks. Other substances that cause blood vessel swelling, such as nitroglycerin or histamine, can also provoke an acute attack during a series. Smoking can also increase the severity of cluster headaches during a cluster period. During these series, the sufferer's blood vessels seem to change and become susceptible to the action of these substances. The blood vessels are not sensitive to these substances during headache-free periods. Hormonal influences in women do not appear to be a factor in cluster headaches.

Some patients will note that the series of headaches are not separated by periods of remission. These chronic cluster headaches vary from episodic cluster headaches as the periods are continuous. Also, the patients do not respond to conventional forms of cluster therapy.

The patient with episodic cluster headaches should be started on prophylactic therapy as early as possible in the series in order to curtail the length of the cluster period as well as decrease the severity of the headaches. Corticosteroids are often used concomitantly with methysergide to treat cluster headaches. These agents are slowly tapered and then discontinued as the headaches decrease and disappear. For patients with chronic cluster

The pain of cluster headache is almost always one-sided, and during a series, the pain remains on the same side. When a new series starts, it can occur on the opposite side. The pain is localised behind the eye or in the eye region.

headaches, other agents may be employed such as lithium or the calcium channel blockers. Histamine desensitisation and surgical intervention may be considered for chronic cluster headache patients who have not responded to other forms of standard therapy.

Because of the brief duration of an acute cluster attack, the abortive treatment of these headaches is difficult. Often, the acute headache has disappeared before the patient arrives at the emergency department or physician's office to receive treatment. Oxygen inhalation by facial mask can be used at the first signs of a cluster attack and has been used successfully in aborting an acute cluster headache. The cluster patient may respond to the ergotamine preparations, if used immediately at onset of symptoms. Any of these treatments should be used under the direction of a physician familiar with cluster headache therapy.

The vast majority of people who think they are experiencing "sinus" problems are actually suffering from a vascular type of headache. When sinus disease is the cause of the headache, an accompanying fever is often present, and x-rays will indicate some sinus blockage.

Sinus headache

Whether the symptoms of headache are referable to sinus disease should be determined through an examination by a physician.

The headache of sinus origin or acute sinusitis is usually associated with constant pain and tenderness over the affected sinus, a deep dull ache, and exaggerated by head movements or straining. Nasal symptoms are prominent, including sinus pain which is usually accompanied by other symptoms of sinus disease such as nasal discharge, ear sensations or fullness, and facial swelling. Allergic reactions and tumors in the sinuses also can produce inflammation, swelling, and blockage of the sinuses. However, vascular headaches can cause similar symptoms. The vast majority of people who think they are experiencing "sinus" problems are actually suffering from a vascular type of headache. When sinus disease is the cause of the headache, an accompanying fever is often present, and x-rays will indicate some sinus blockage.

One or both nostrils are blocked and the pain extends over the cheek or forehead. The area is tender to the touch.

Therapy is usually directed toward relief of infection or accompanying allergy. Symptomatic relief includes analgesics and nasal vasoconstrictors. The use of local corticosteroids may offer the allergic individual added relief where nasal symptoms are prominent. Therapy of the symptomatic type is similar in both cases where sinus and nasal symptoms are prominent, but the acute sinusitis requires the added therapy directed toward the offending organism or allergy. The migrainous individual requires the added therapy directed toward the basic migraine disorder.

Ice cream headaches

Short-lived headaches may occur after eating very cold foods or foods high in nitrites or monosodium glutamate. Headache pain does not involve the brain tissue or bones of the skull, which are insensitive to pain. Headache pain is associated with nerves and blood vessels around the brain; certain nerves of the face, mouth, and throat; and the muscles in the head and neck. When the nerves in these structures become over-stimulated, inflamed, or damaged, pain signals flash along neural pathways to the brain, and the person experiences a headache.

Short-lived headaches may occur after eating very cold foods or foods high in nitrites or monosodium glutamate.

Analgesic rebound headaches

Analgesic agents are drugs used to control pain including migraine and other types of headaches. These may be prescription or over-the-counter medications. If used on a daily or almost daily basis, these analgesics will actually perpetuate the headache process. When used in this manner, these pills may decrease the intensity of the pain for a few hours. However, the analgesics appear to feed into the pain system in such a way that chronic headache may result. If under these circumstances the patient does

not completely stop these pills, despite any other treatment undertaken, the chronic headache is likely to continue unabated.

What usually happens when the analgesics are discontinued is that the headache may get worse for several days and there may be nausea and vomiting. However, after a period of three to five days, and sometimes longer, these symptoms begin to improve. For those patients willing to persevere, the headaches will gradually improve as response to more appropriate medication occurs. Most patients are able to stop the analgesics at home under physician supervision, but a few find it impossible and may require hospitalisation to discontinue their analgesics which they may have been taking several times a day for many years.

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Ergotamine rebound headaches

Ergotamine is one of the drugs most frequently used to abort migraine. It is basically a vasoconstrictor, preventing the blood vessels from swelling. Since it does not decrease the cerebral blood pulse, it can be used for both classical and non-classical migraine.

It is advised to use ergotamine when needed, but not more frequently than every fourth day. On other days that headache occurs, use another type of analgesic which should be prescribed by a physician. Some patients benefit from receiving one of the phenothiazines or an injection of a long acting steroid during the period of time for stopping the ergotamine. This makes headaches less severe.

Excessive use of migraine medications containing ergotamine tartrate may result in circulatory problems or changes in the heart rate or blood pressure. Ergotamine abuse is a particular danger with migraine sufferers using the drug every day. Many believe their headaches will recur if they do not take their ergotamine tartrate. However, the reason the headaches recur so often may be the

constant use of ergotamine tartrate on a daily basis. Patients having rebound headaches may have a rough time for several days when the medication is stopped, but if given enough time, the daily headaches will disappear. A short hospitalisation may be necessary to interrupt the cycle and end the ergot dependency.

Tolerance of the drug is dependent on the individual and his/her idiosyncracies. What may be an acceptable dosage based on medical advise for a particular individual may not be acceptable for another.

Thunderclap headaches

There have been articles in the medical literature describing a sudden, severe headache which may mimic a thunderclap in its intensity and severity. Some researchers feel it may be a warning of an impending rupture of an aneurysm or weak blood vessel. Other researchers disagree with this opinion.

Headaches in children and women

Headache is a frequent symptom in children but deciding whether it is organic or functional can be a difficult task even for the most experienced physician because restlessness and irritability may be the only signs of head pain in young children unable to express themselves adequately. A detailed history, physical examination, and appropriate tests are essential in determining the correct diagnosis. Fortunately, the large majority of children complaining of headache do not have any organic disease as a basis for their complaints.

When taking a history, which is the most important factor in making an accurate diagnosis, it is necessary to question both children and parents to elicit signs of emotional friction which may provide a clue to reasons for the headache. Headaches in kids are almost always related to stress situations at school, competition, family friction, or excessive demands by parents. Equally important is a thorough and complete neurological examination to pick up any variations from normal.

Children exhibiting car or motion sickness, especially if there is a history of migraine in the family, will often develop migraine later. Fortunately, the symptoms will disappear in the majority of children with migraine in a period of five to seven years after their appearance. Migraine will occur in about one-quarter of migraine sufferers before the age of five and in about half before the age of 20.

It is important to realise that migraine may occur

after head injury, especially after injury sustained in sporting activities. The outcome is generally full recovery over varying time periods.

Hormones and migraines

Migraine occurs more often in women than in men. Although migraine headaches are more common in young girls, the number of girls affected increases sharply after the onset of menstruation. It seems clear that certain hormonal changes that occur during puberty in girls and remain throughout adulthood are implicated in the triggering and frequency of migraine attacks in women.

This link between female endocrine changes and migraine headaches is supported by the finding that 60 percent of women sufferers involved in a clinical study related attacks to their menstrual cycle. Individual differences exist: attacks may occur several days before, during, or immediately after the woman's menses. There are women who get the headache at the time of ovulation or the time between ovulation and menstruation. The treatments of choice are the nonsteroidal, antiinflammatory agents which are medicines used to treat arthritis and pain but also work selectively well with migraines which are related to hormonal fluctuations. Nonsteroidal, antiinflammatory drugs are the drugs of choice for headaches triggered by hormone fluctuation. Other methods of treatment can be the use of small dosages of the beta blockers or ergotamine tartrate given specifically around the menstrual time.

A related study showed migraine headaches usually occurred in connection with a rapid drop of blood estrogen after elevation for at least several days. How these changes trigger migraine is as yet unknown.

It is possible that one or more genetic factors may be involved in an individual's susceptibility to migraine, for some women seem predisposed to it. Compared to normal individuals, the blood vessels of migrainous patients are less sensitive to the effect of cooling and their platelet

Headaches in kids are almost always related to stress situations at school, competition, family friction, or excessive demands by parents.

membranes retain serotonin less efficiently. This observation is significant as it substantiates a current theory that a migraine headache is triggered by a rapid drop in blood serotonin. (Serotonin is a chemical substance primarily present in the platelets. It is a potent constrictor of the blood vessels and is thought to be involved in the mechanism of migraine).

Pregnancy also influences migraine. In the female patients with migraine, about 75 per cent find their attacks disappear completely, occur less often, or are milder during pregnancy. Attacks either worsen or remain unchanged in others.

Oral contraceptives also affect the incidence of migraine attacks. In one study, about 50 per cent of migraine sufferers found their attacks worsened while they were on the Pill. Forty per cent found they were not affected, and 10 per cent improved.

Oral contraceptives also affect the incidence of migraine attacks. In one study, about 50 per cent of migraine sufferers found their attacks worsened while they were on the Pill. Forty per cent found they were not affected, and 10 per cent improved. Another study revealed some women even without any predisposition to migraine developed it while on the Pill, and that 70 per cent found their headaches disappeared after they stopped taking it.

Also, women using estrogen replacement therapy after hysterectomy or menopause developed frequent migraine headaches, and that reduction or discontinuation of estrogen improved the headaches in 58 per cent of these cases.

Treating headaches

Relaxation exercises

Ice packs are among the most effective nondrug treatments. The earlier you use an ice pack to treat your headache, the better. Besides applying it to the painful area, try placing it on the back of the neck, forehead and temples.

Heat can sometimes foster relaxation, increase blood flow and relax your muscles. Rest in a dark room. Often a nap can give the brain an opportunity to get back to normal.

Don't procrastinate; putting things off is stressful. Always take a lunch break, even if only for 15 minutes. If your job requires long periods of sitting, get up and stretch periodically. Get enough sleep.

Engage in deep breathing exercises. Perform aerobic exercises, such as walking, running, bicycling, swimming or playing tennis, four to five times a week. They not only have been shown to make a significant difference in reducing headaches but also will give you a general sense of well-being. Just be sure to check with your doctor before starting any exercise programme. Eat regularly scheduled meals.

Shopping for pain relief

You may be doing everything you can to avoid getting headaches, but on occasion, you may still need to treat your headaches with medication. Years ago, if you had a headache you went to the drugstore for aspirin. Today,

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pain relief means sorting through a dizzying array of over-the-counter (OTC) options. With so many choices, selecting the right one can be difficult. These facts can help:

Available without prescription, OTC pain relievers contain powerful, effective ingredients. There are several different groups of OTC pain relievers: Aspirin products Acetaminophen products, NSAIDs (nonsteroidal anti-inflammatory drugs) such as ibuprofen and naproxen sodium products. Combination products such as those that contain OTC pain relievers and caffeine. Each group has specific advantages and side effects. The most appropriate way to select a medication or combination of medications is to weigh the desired effect against potential side effects. Be sure to call your doctor if you have any questions.

Yoga and meditation

Meditation goes a long way in releiving stress, perhaps the most common factor for headaches. Certain yogic exercises are said to be helpful for general well-being and for curing headaches. However, these benefit an individual only in the long run, if the regimen is adhered to properly, under professional guidance.

THE WEEK SUPPLEMENT

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